

Endurance Care Ltd

Rectory House

Inspection report

The Old Rectory
Rectory Lane
Harrietsham
Kent
ME17 1HS

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rectory House is a residential care home providing personal and nursing care to up to 10 people who lived with physical and learning disabilities. At the time of the inspection the service was supporting eight people.

People's experience of using this service and what we found

People were safe and protected from harm. The managers at the service had invested time in ensuring that safeguarding policies were in place that they were followed by staff and that all incidents were investigated and reported. People were not able to tell us they felt safe but we observed people and their interactions with staff and saw they were looked after well. Staff understood risk and care plans had risk assessments specific to each person. Staff were recruited safely and were deployed in sufficient numbers to ensure people were supported. Medicines were provided safely and infection prevention and control measures were in place with government guidelines being followed. Accidents and incidents were recorded with any trends being identified and learning shared with all staff.

The provider had made progress with its auditing processes and the way accidents, incidents and safeguarding concerns were recorded and then analysed. Staff were confident to report issues and systems were now in place to ensure nothing was missed. The registered manager had only recently been appointed but demonstrated knowledge about people and their staff. Similarly, progress had been made with improving communication with relatives and loved ones through the introduction of a 'family survey', regular opportunities for relatives and people to speak directly with the registered manager and the sending of newsletters. A key worker system of care operated which provided staff with clear roles and enabled positive relationships with people. The service worked well with statutory partners. A professional told us, "The registered manager is well engaged and is always happy to share reports and relevant information."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led key questions the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support

- Model of care and setting maximises people's choice, control and independence. People were encouraged and supported to engage in activities they enjoyed. Staff promoted independence and supported people in these activities.

Right Care

- Care is person-centred and promotes people's dignity, privacy and human rights. Through the key worker process staff had got to know people well and were able to support people with making choices whilst respecting and protecting their dignity.

Right culture

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The registered manager told us that their focus was to enhance life experiences and for people to achieve their goals. People were involved in their care planning and were supported to engage in activities and setting of goals and targets.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 July 2018). On 21 January 2021 we carried out a targeted inspection. We looked at our safe domain which was inspected but not rated and our well-led domain which was rated requires improvement.

Why we inspected

We received concerns in relation to the reporting of safeguarding incidents, auditing processes relating to accidents and incidents and quality monitoring processes. For example, there were no processes for relatives to provide feedback about the service and poor communication between the service and relatives and loved ones. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed following this inspection and remains good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rectory House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rectory House

Detailed findings

Background to this inspection

The inspection We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rectory House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to check the service's Covid-19 status.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the site visit we observed interactions between staff and people. We spoke with the registered manager, the area operations manager and two members of staff. We reviewed a range of records including three care plans, three staff personnel files and key documents relating to safeguarding, medicines, accidents and incidents and auditing.

After the inspection

After the inspection we spoke to four relatives and friends of people who lived at the service about their experience of the care and support provided to their loved ones. We spoke to two professionals. We continued to review records that we asked to be sent to us. These included policies relating to safeguarding and infection prevention and control and documents concerned with communication with relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People lived safely and were protected from harm. We saw staff supporting people during the inspection. Staff were attentive to people and made sure they were safe as they moved around the home and took part in various tasks and activities. Relatives told us they knew their loved ones were safe. A relative told us, "I do feel they are safe." Another said, "They get good care and attention."
- We were shown a safeguarding policy and confirmed that all staff had received safeguarding training. Staff told us they were confident, knowing what to do and who to report to, in the event of a safeguarding incident. A member of staff said, "Make safe and report. Document everything. If needed I could report to the police or local authority."
- The registered manager told us that systems were in place to ensure that all safeguarding incidents were correctly reported and situations made safe. The registered manager acknowledged there had been issues in the past with safeguarding issues not being reported but we were assured that current systems were effective and had now been fully embedded.
- The service had five safeguarding incidents since the last inspection. These were reported to the CQC by the local authority however the registered manager was able to demonstrate that the issues had also been reported to the CQC by them via statutory notifications. We looked at these incidents and were satisfied that the registered manager and staff had taken the correct steps to make situations safe and to minimise the chances of a recurrence.
- Staff were aware of the whistleblowing policy and told us they were confident in using the process if the needed to, to make sure people were safe.

Assessing risk, safety monitoring and management

- Care plans contained details of risks associated with people. Assessments were in place that covered all risks with clear guidance to staff about how to identify risk, deal with issues related to specific risks and how to minimise the chance of people being placed at risk. For example, a person who lived with complex mental health needs sometimes became anxious and agitated. Triggers were listed which helped staff to avoid certain situations and ways of reducing anxiety by moving outside or to a quiet area were documented.
- During the inspection we observed staff supporting people. We saw one person being supported to move away from one area that had become noisy to minimise the risk of anxiety.
- Risk assessments had been regularly reviewed with people and were further reviewed following any incidents.
- Most people had lived at the service for several years and staff knew people well and had developed

positive relationships with people. A staff member said, "Yes we know people very well. We are keyworkers too and produce monthly reports." Key workers are staff who were dedicated to supporting named people.

- Staff had received training in how to support people living with learning disabilities who may sometimes display behaviour that challenges. The registered manager told us positive behaviour support (PBS) training was in place which provided a person-centred approach designed to support people living with learning disabilities and autism.
- Fire equipment had been regularly checked and tested. Personal emergency evacuation plans (PEEPs) were in place which provided details about the support people may need in the event of an emergency. We were shown a maintenance file which had documents and certificates relating to safety checks that had been carried out for example, a legionella certificate and electrical testing checks. An external contractor had been employed to complete regular health and safety audits.

Staffing and recruitment

- There were sufficient numbers of staff on each shift to safely care for and support people. We were shown shift rotas which confirmed this. There was a daily dependence on the use of agency staff. The registered manager told us that in most cases the same members of agency staff were used and that the service was actively recruiting for permanent members of staff. Agency staff had the same level of training as permanent staff and underwent an induction on their first shift working at the service.
- During the inspection we saw enough staff on duty to look after and support people. A member of staff told us, "We have lost some staff recently but most of the agency are very good." A relative told us, "Whenever I've been there, there has been three or four staff around, it seems ok to me."
- Staff were recruited safely. We looked at personnel files which contained all the correct documents for example, application forms, references, details of employment history and Disclosure and Barring Service (DBS) checks. DBS checks provide the registered manager to make safer recruitment decisions.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. We saw a medicines room; the temperature was monitored and the medicines were stored in clearly marked cupboards and locked cabinets. Staff had received medicines training and had regular refreshers and competency checks from supervisors.
- We were shown medicine administration (MAR) records that had been correctly completed showing the date, time and signature of the staff member administering. The MAR also showed the numbers of medicines remaining in stock after each administration.
- Very few medicine errors had occurred but they were managed appropriately. A staff member told us, "We have regular refreshers and if there is an error, we have to re-do the in-house training, have three sets of observations and re-do the e-learning."
- As required (PRN) medicines for example, pain relief, were administered safely and were recorded on the MAR charts. We saw separate protocols for the administration of PRN medicines, bespoke to the people that needed them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding reports were reviewed by the registered manager and overseen by the area operations manager. Any trends were identified and steps were taken to reduce the chance of recurrence. Any learning was shared with all staff. (See our well-led section for more about accidents and incidents.)

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we recommended the provider review the implementation of their quality assurance systems to ensure their records are current and for effective learning and improvements to be actioned. The provider had made improvements.

- We were shown spreadsheets where accidents and incidents had been recorded. Accidents and incidents had been recorded in a timely way and were reviewed by the registered manager. The spreadsheet was audited by the registered manager each week and the process was overseen by the area operations manager. There was a prompt within the system which showed the area manager if the audit had been completed or not. This meant reminders could be sent to ensure an audit was never missed.
- The area operations manager told us the company had regional risk meetings where accidents, incidents and safeguarding issues were discussed across the south east and any broader trends could be identified. For example, they had identified a slight increase in medicines errors involving blister packs. A new system was put in place where photographs of blister packs were taken after medicines had been administered. This provided clearer auditing and resulted in a reduction in errors.
- We were shown other auditing processes carried out by the registered manager including staff training and fire safety. Similarly, there were systems in place for learning and sharing with staff.
- The feedback from relatives following incidents involving their loved ones was positive. Comments included, "They keep in touch, let me know what's happened," "We will always get updates" and "they let me know if anything happens."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although the registered manager had only been in post for a few weeks, they demonstrated an understanding about people and their needs and knew people well. People were not able to tell us their views but we observed interactions between the registered manager and people and people responded positively by smiling and reaching out to the registered manager.
- Staff told us they felt supported by the registered manager. A staff member said, "Managers are supportive, can approach them if needed." Another told us, "I can go to them (registered manager and operations manager) with anything. They resolve issues." Staff told us they were supported individually

through ongoing supervision meetings and through team meetings. Staff told us they read care plans and daily notes at the start of a shift to ensure they were fully up to date with any changes.

- Care plans were person-centred and contained a 'getting to know me' section. This gave details of likes, dislikes and how to respond if people experienced a change in mood. Clear pathways were documented to ensure people had fulfilling day to day lives. A professional told us, "Whenever I go in there are new photos on the wall. It's clear that people are kept busy with a range of activities that they enjoy."
- Relatives told us there had been a few staff and management changes in recent months but that the service was currently run well. A relative told us, "A few changes but not been a problem. I've always had a good relationship with all staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was open and honest with us throughout the inspection and was candid about the steps taken to improve the service. Registered managers are legally required to inform CQC of significant events that happen at their service. This obligation had been fulfilled by the registered manager. The registered manager told us they discussed safeguarding incidents with the local authority and notified CQC of any incidents that met the safeguarding threshold. CQC had received these notifications. The ratings from the last CQC inspection were displayed in a communal area of the service.
- Staff told us that there had been staffing changes and a recent change in registered manager but that the culture at the service was positive.
- A key worker system was used where staff are assigned to the same people each day. The key worker system resulted in staff getting to know people, being able to focus their attention on people they were supporting and being aware of their daily needs, likes and dislikes. Care had been taken when assigning key workers to people that staff had similar interests to the people they were caring for.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had explored ways to improve the communication with relatives and loved ones. A newsletter was sent regularly which informed relatives what people had been doing and included photographs of people on trips and taking part in activities. Comments from relatives included, "Yes, we get newsletters" and "We did do video links during lockdown."
- A 'family survey', a questionnaire, was sent to relatives asking them to comment on the service and to suggest any areas where they felt improvement was needed. The response was positive although some comments suggested communication between the service and relatives could be better. The communication work was ongoing and needed more time to embed.
- The registered manager made themselves available and had put aside two afternoons each month dedicated to speaking to relatives and people. This was advertised, including in an easy read formatted poster, and a variety of forums had been made possible including video calls and face to face conversations. The registered manager was a visible presence at the service and was available at other times to speak to relatives and people as well. A relative said, "My wife calls in every week, no difficulties in getting through."
- We were shown minutes from staff meetings and staff told us they had plenty of opportunities to feedback to the registered manager through meetings, handovers and supervision meetings. A member of staff said, "Staff meetings are monthly, well attended and people do raise issues." Another told us, "I have supervisions every six weeks but I can always ask for an emergency meeting too."
- People's equality characteristics were explored and celebrated. People were able to follow their religious faiths and some people regularly attended church events. Focus groups were held with staff to discuss how best to approach people to explore how they could talk about sexuality and equality issues. As a result of

these focus groups, easy read documents had been produced for staff to use with people if needed.

Working in partnership with others

- The service was well established in the local community and positive relationships had been formed with statutory partners. A professional told us, "They had issues in the past but things are so much better now." They went on to say, "They are excellent. Very transparent and will always call for help if needed but also immediately follow up on our recommendations for people. You can't ask for more."